08/12/2010 10:29

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Spine PAC of the National Association of Spine Specialists 7075 Veterans Blvd. ADDRESS (number and street) Check if different than previously Burr Ridge 60527 ΙĻ reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00349225 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2010 07 3 1 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Eric J. Muehlbauer Type or Print Name of Treasurer Electronically Filed by Mr. Eric J. Muehlbauer 08 12 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 17

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	2 / 17
Write or Type Committee Name Spine PAC of the National Association	n of Spine Specialists	
Report Covering the Period: From:	M M D D D Y Y Y Y Y O T O T O T O T O T O T O T O	To: 0 7 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 20 10 Y Y Y		137999.46
(b) Cash on Hand at Begining of Reporting Period	146308.58	
(c) Total Receipts (from Line 19)	13622.67	58352.29
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	159931.25	196351.75
. Total Disbursements (from Line 31)	11000.00	47420.50
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	148931.25	148931.25
. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This Committee has qualified as a multic	andidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission	

999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 17

Write or Type Committee Name

Spine PAC of the National Association of Spine Specialists

Report Covering the Period:

From: 0.7

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2010

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Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		_
Than Political Committees (i) Itemized (use Schedule A)	10122.67	48677.29
(ii) Unitemized	3500.00	9675.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13622.67	58352.29
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13622.67	58352.29
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13622.67	58352.29
Total Federal Receipts (subtract Line 18(c) from Line 19)	13622.67	58352.29

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 17

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	2820.50
	Expenditures(c) Total Operating Expenditures	0.00	2020.30
	(add 21(a)(i), (a)(ii) and (b))	0.00	2820.50
	Transfers to Affiliated/Other Party	0.00	0.00
	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	11000.00	44500.00
	Independent Expenditure	0.00	0.00
	(use Schedule E) Coordinated Expenditures Made by Party	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loan Repayments Made		
	Loans Made Refunds of Contributions To:	0.00	0.00
	a) Individuals/Persons Other	0.00	100.00
	Than Political Committees		
	b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		100.00
	(add Lines 28(a), (b), and (c))	0.00	100.00
). (Other Disbursements	0.00	0.00
	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11000.00	47420.50
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
		11000.00	47420.50

DETAILED SUMMARY PAGE

of Disbursements

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	13622.67	58352.29
34.	Total Contribution Refunds (from Line 28(d))	0.00	100.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	13622.67	58252.29
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	2820.50
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	2820.50

FE6AN026

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Spine PAC of the National Association	Statements may not be sold or used by any pershe name and address of any political committee to on of Spine Specialists	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Samy Abdou, MD Mailing Address 7790 Doug HI City San Diego FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CA 92127-2503 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt O 7 O 8 Transaction ID: SA11AI.5801 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. John K. Afshar, MD Mailing Address 509 SE Riverside Dr City Stuart FEC ID number of contributing	Ste 203 State Zip Code FL 34994-2579	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer The Center for Cranial/Sp- inal Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Ray M. Baker, MD Mailing Address 12301 NE 10th PI St	e 101	Date of Receipt 0 7 2 6 2 0 1 0
City Bellevue FEC ID number of contributing federal political committee.	State Zip Code WA 98005-2487	Transaction ID: SA11AI.5804 Amount of Each Receipt this Period 1000.00
Name of Employer Washington Interventional Splin Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 1000.00	
SUBTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 17 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Spine PAC of the National Associa	nd Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Sanjay Bakshi, MD		Date of Receipt
Mailing Address 115 E 57th St City	State Zip Code	0 7 2 1 2 0 1 0 Transaction ID: SA11AI.5793
New York FEC ID number of contributing federal political committee.	NY 10022	Amount of Each Receipt this Period 500.00
Name of Employer Manhattan Spine & Pain Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Claude Borowsky, MD Mailing Address 5 Becarri Ln		Date of Receipt 0 7 0 2 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.5716
Southampton FEC ID number of contributing federal political committee.	MA 01073-9569	Amount of Each Receipt this Period 45.00
Name of Employer Pioneer Spine and Sport	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 815.00	
Full Name (Last, First, Middle Initial) Dr. Robert Byers, MD	l	Date of Receipt
Mailing Address 166 The Alameda		07 02 2010
City <u>Sam Amselmo</u>	State Zip Code CA 94960	Transaction ID: SA11AI.5720 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Mt. Tam Orthopedics, Inc.	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
	al)	670.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 17 (check only one) X 11a 11b 11c 12
Any information copied from such Reports aror for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persoress of any political committee to	13 14 15 16 16 17 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19
NAME OF COMMITTEE (In Full) Spine PAC of the National Associa			
Full Name (Last, First, Middle Initial) Dr. Devin K. Datta, MD			Date of Receipt
Mailing Address 2222 S. Harbor City	y Blvd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.5777
Melbourne	FL	32901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer The B.A.C.K. Center	Occupation Physician		7
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	33 13 110	250.00	
Full Name (Last, First, Middle Initial) Dr. Gary A Dix, MD			Date of Receipt
Mailing Address 2002 Medical Pkwy	Ste 430		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.5719
Annapolis	MD	21401-3263	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Maryland Brain & Spine	Occupation Physician		7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Dr. Mark R. Drzala, MD			Date of Receipt
Mailing Address 33 Overlook Rd., S	uite 305		07 09 YYYYY 2010
City	State	Zip Code	Transaction ID: SA11AI.5734
Summit	NJ	07901-3563	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer New Jersey Spine Speciali- sts,	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Spine PAC of the National Association	n of Spine S	pecialists	
۷.	Full Name (Last, First, Middle Initial) Dr. Donald Hales, MD			Date of Receipt
	Mailing Address 1485 N Turquoise Dr	Ste 200		07 22 2010
	City	State AZ	Zip Code	Transaction ID: SA11AI.5803
	Flagstaff FEC ID number of contributing federal political committee.	C	86001-2000	Amount of Each Receipt this Period 1000.00
	Name of Employer Northern Arizona Orthopa- edics	Occupation Physicia		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Perry L. Haney, MD Mailing Address 8500 Park Meadows	Dr #200		Date of Receipt
			7in Code	07 02 2010
	City Lone Tree	State CO	Zip Code 80124-2742	Transaction ID: SA11AI.5717 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.67
	Name of Employer Spine One	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	_ ' _ ' 	e Year-to-Date ▼ 2916.29	
-).	Full Name (Last, First, Middle Initial) Dr. Brian J. Ipsen, MD			Date of Receipt
-	Mailing Address 444 Four States Dr S	te 1		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5773
	Galena FEC ID number of contributing federal political committee.	C	66739	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1666.67
T	TOTAL This Period (last page this line numbe	er only)	,	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and for commercial purposes, other than using t	Statements ma he name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Spine PAC of the National Association	on of Spine S _l	oecialists	
<u></u>	Full Name (Last, First, Middle Initial) Dr. Todd S. Jarosz, MD			Date of Receipt
	Mailing Address 2390 Hemby Lane			07 / 30 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5807
	Greenville	NC	27834	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Center for Scoliosis & Sp- inal	Occupation Physicia		
	Receipt For: Primary General	_ ' 	e Year-to-Date ▼ 250.00	7
	Other (specify)	0 0	230.00	
	Full Name (Last, First, Middle Initial) Dr. G. Edward Jeffries, MD Mailing Address 2115 Woodmere La	ne		Date of Receipt
				07 18 2010
	City	State	Zip Code	Transaction ID: SA11AI.5802
	Knoxville	TN	37920-2896	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
_	Full Name (Last, First, Middle Initial) Dr. Jeffrey K. Kachmann, MD			Date of Receipt
	Mailing Address 7956 W Jefferson BI	vd		0 7 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5718
	Fort Wayne	IN	46804-4140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Fort Wayne Neurospine & Pain C	Occupation Physicia		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		700.00	
Г	SUBTOTAL of Receipts This Page (optional)			600.00

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 17 (check only one) X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Spine PAC of the National Association	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. James G. Lindley, MD			Date of Receipt
	Mailing Address 17 W Bluff Dr City	State	Zip Code	0 7 1 2 2 0 1 0 Transaction ID: SA11Al.5812
	Savannah	GA	31406-7504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupatio Physicial		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
В.	Full Name (Last, First, Middle Initial) Dr. Dennis P. McGowan, MD Mailing Address 1215 1st Ave	1		Date of Receipt
				07 26 2010
	City	State	Zip Code	Transaction ID: SA11AI.5758
	Kearney FEC ID number of contributing federal political committee.	NE C	68847-6825	Amount of Each Receipt this Period 250.00
	Name of Employer Spine & Orthosurgery	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. Gregory O. Munson, MD			Date of Receipt
	Mailing Address 1285 Orange Ave			07 09 7 2010
	City	State	Zip Code	Transaction ID: SA11AI.5723
	Winter Park FEC ID number of contributing federal political committee.	C	32789-4984	Amount of Each Receipt this Period 500.00
	Name of Employer Jewett Orthopaedic Clinic	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
ſ	SUBTOTAL of Receipts This Page (optional)			850.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 17 (check only one) X 11a
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Spine PAC of the National Associa	and Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		T
Dr. Nilesh Patel, MD Mailing Address 21031 Michigan A	ve	Date of Receipt
City	State Zip Code	0 7 1 8 2 0 1 0 Transaction ID: SA11AI.5809
<u>Dearborn</u>	MI 48124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Michigan Orthopedic Speci- alist	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael L Ramsey, MD		Date of Receipt
Mailing Address 2701 Racquet Clul	o Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.5811
Midland	TX 79705-7432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Raj Rao, MD		Date of Receipt
Mailing Address 9200 W Wisconsin	n Ave	0 7 1 5 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.5724
Milwaukee	WI 53226-3522	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	251.00
Name of Employer Medical College of Wiscon- sin D	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 251.00	
SUBTOTAL of Receipts This Page (option	al)	1001.00

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 17
(Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Spine PAC of the National Association	of Spine Spi	pecialists	
Α.	Full Name (Last, First, Middle Initial) Dr. Mark J. Ruoff, MD			Date of Receipt
	Mailing Address 15-01 Broadway Ste 2		7'- 0-1-	07 09 2010
	City Fair Lawn	State NJ	Zip Code 07410-6003	Transaction ID: SA11AI.5729 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	07410-0003	250.00
	Name of Employer Orthopaedic Associates	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ В.	Full Name (Last, First, Middle Initial) Dr. William O. Shaffer, MD			Date of Receipt
	Mailing Address 1200 1st Ave E Ste C	07 09 7 2010		
	City	State	Zip Code	Transaction ID: SA11AI.5747
	Spencer FEC ID number of contributing federal political committee.	C	51301-4342	Amount of Each Receipt this Period 500.00
	Name of Employer Northwest Iowa Bone, Joint & S	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ С.	Full Name (Last, First, Middle Initial) Dr. Reginald Tall, MD			Date of Receipt
	Mailing Address 1285 Orange Ave			0 7 1 0 / Y Y Y Y Y Y Y
	City Winter Park	State FL	Zip Code 32789	Transaction ID: SA11AI.5721 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Jewett Orthopaedic Clinic	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
t	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 17 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Spine PAC of the National Association	d Statements may not be sold or used by any person the name and address of any political committee to tion of Spine Specialists	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Alexander R. Vaccaro, MD Mailing Address 925 Chestnut St FI 5 City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Rothman Institute Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.5805 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. P. Merrill White, MD Mailing Address 10321 Kingston Pike City Knoxville FEC ID number of contributing federal political committee. Name of Employer SPINEKnoxville Receipt For: Primary General Other (specify)	State Zip Code TN 37922-3224 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y O 7 2 6 2 0 1 0 Transaction ID: SA11AI.5755 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. David A. Wong Mailing Address 2415 Stonecrop Wa City Golden FEC ID number of contributing federal political committee. Name of Employer Denver Spine Receipt For: Primary General Other (specify)	y State Zip Code CO 80401 C Occupation Physician Aggregate Year-to-Date ▼ 595.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional))	835.00

TOTAL This Period (last page this line number only)

CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check only	NUMBER: PAGE 15 / 17
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
ny Information copied from such Reports and Star for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) Spine PAC of the National Association	ame and address of any politic		
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Full Name (Last, First, Middle Initial) BERA FOR CONGRESS Mailing Address - Book Office By 5004	20		Transaction ID: SB23.5823 Date of Disbursement M 7
Mailing Address Post Office Box 5824			
City Elk Grove	State Zip Code CA 95758		Amount of Each Disbursement this Perio
Purpose of Disbursement Candidate Name		011	1000.00
AMERISH BERA		Category/ Type	
Office Sought: X House Senate President State: CA District: 03	ursement For: 2010 Primary X General Other (specify) ▼	•	
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.5834
FRIENDS OF JOHN MCCAIN INC			Date of Disbursement
Mailing Address PO BOX 16664			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City ARLINGTON	State Zip Code VA 22215		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	2500.00
Candidate Name		Category/ Type	
χ Senate President	ursement For: 2010 Primary X General Other (specify) ▼		
State: AZ District: 00 Full Name (Last, First, Middle Initial)			Transaction ID: SB23.5826
GEOFF DAVIS FOR CONGRESS			Date of Disbursement
Mailing Address 3161 Dixie Highway Suite F			07
City Erlanger	State Zip Code KY 41018		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name GEOFFREY C DAVIS		Category/ Type	
Senate President	ursement For: 2010 Primary X General Other (specify) ▼	•	
State: KY District: 04			

Transaction ID: SB23.5828 Disbursement Disbur	TEMIZED DIODUDOCIACITO	Use separate schedule	(S) I (chook only	NUMBER: PAGE 16/17 one)
NAME OF COMMITTEE (In Full) Spine PAC of the National Association of Spine Specialists Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS Mailing Address PO Box 37 City State Zip Code MI 48066 Purpose of Disbursement Candidate Name Sanate Priesident State: MI District: 12 Full Name (Last, First, Middle Initial) Primary Sanate Primary Sanate Sanate Primary Sanate MI Sanate Sanate Primary Sanate MI Sa	I EMIZED DISBUKSEMENTS		ge 21b	22 X 23 24 25
Spine PAC of the National Association of Spine Specialists Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS Mailing Address PO Box 37 City State Zip Code MI 48066 Purpose of Disbursement Candidate Name SANDER M MR LEVIN Office Sought: X House President State: MI District: 12 Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS Mailing Address P. O. Box 1919 P. O. Box 1919 City State Zip Code WI 53547 Purpose of Disbursement To: 2010 Cardidate Name P. O. Box 1919 City State Zip Code WI 53547 Purpose of Disbursement To: 2010 Cardidate Name P. O. Box 1919 P. O. Box 1919 City Senate VI Purpose of Disbursement To: 2010 Cardidate Name Paul, D. RYAN Office Sought: X House President State Zip Code WI 53547 Purpose of Disbursement To: 2010 Cardidate Name Paul, D. RYAN Office Sought: X House President State Zip Code Paul, D. RYAN Office Sought: X House President State Zip Code Paul, D. RYAN Office Sought: X House President State Zip Code Paul, D. RYAN Office Sought: X House President State Zip Code Paul, D. RYAN City Peoria IL Galegory' Type City State Zip Code IL Galegory' Type City State Zip Code IL Galegory' Type Other (specify) ▼ Amount of Each Disbursement this Perio Date of Disbursement this Perio Category' Type Other (specify) ▼ Amount of Each Disbursement this Perio Category' Type Other (specify) ▼				
Date of Disbursement	NAME OF COMMITTEE (In Full)			
Mailing Address PO Box 37 State Zip Code Amount of Each Disbursement this Perio				
Roseville MI 48066 Purpose of Disbursement Candidate Name SANDER M MR LEVIN Office Sought:	Mailing Address PO Box 37			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 1 \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}^Y \end{bmatrix}$
Candidate Name SANDER M MR LEVIN Office Sought:		•		Amount of Each Disbursement this Period
SANDER M MR LEVIN Office Sought:	<u> </u>			1000.00
Senate President State: MI District: 12 Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS Mailing Address P. O. Box 1919 P. O. Box 1919 City State Zip Code Janesville WI 53547 Purpose of Disbursement Candidate Name PAUL D. RYAN Office Sought: X House Senate President State: WI District: 01 Full Name (Last, First, Middle Initial) SCHOCK FOR CONGRESS Mailing Address PO Box 10555 City State Zip Code Peoria IL 61612 Purpose of Disbursement Candidate Name PAUR District: 01 Full Name (Last, First, Middle Initial) SCHOCK FOR CONGRESS Mailing Address PO Box 10555 City State Zip Code Peoria IL 61612 Purpose of Disbursement Candidate Name AARON JON MR. SCHOCK Office Sought: X House Senate Primary X General Other (specify) ▼ Disbursement For: 2010 Candidate Name AARON JON MR. SCHOCK Office Sought: X House Senate Primary X General Other (specify) ▼ Disbursement For: 2010 Candidate Name AARON JON MR. SCHOCK Office Sought: X House Senate Primary X General Other (specify) ▼ Disbursement For: 2010 Candidate Name AARON JON MR. SCHOCK Office Sought: X House Senate Primary X General Other (specify) ▼	SANDER M MR LEVIN		, ,	
Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS Mailing Address P. O. Box 1919 P. O. Box 1919 P. O. Box 1919 City Janesville Purpose of Disbursement Candidate Name PAUL D. RYAN Office Sought: X House Senate President State: WI District: 01 Full Name (Last, First, Middle Initial) SCHOCK FOR CONGRESS Mailing Address PO Box 10555 City Peoria Candidate Name AARON JON MR. SCHOCK Office Sought: X House Senate Primary State St	Senate President	Primary X Genera	al	
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Candidate Name PAUL D. RYAN Office Sought:			011	1500.00
Senate President Other (specify) ▼ Full Name (Last, First, Middle Initial) SCHOCK FOR CONGRESS Mailing Address PO Box 10555 City State Zip Code Peoria IL 61612 Purpose of Disbursement Candidate Name AARON JON MR. SCHOCK Office Sought: X House Senate President Disbursement For: 2010 Senate Primary X General Other (specify) ▼			Category/	
SCHOCK FOR CONGRESS Mailing Address PO Box 10555 City State Zip Code Peoria IL 61612 Purpose of Disbursement Candidate Name AARON JON MR. SCHOCK Office Sought: X House Senate Primary X General President Date of Disbursement M 7	Senate President	X Primary General	al	
City State Zip Code Peoria IL 61612 Purpose of Disbursement Candidate Name AARON JON MR. SCHOCK Office Sought: X House Senate Primary X General Other (specify) President Amount of Each Disbursement this Perior Amount of Each Disbursement this Perior Tourner				
Peoria IL 61612 Purpose of Disbursement Candidate Name AARON JON MR. SCHOCK Office Sought: X House Senate Primary X General President President IL 61612 1000.00 1011 Category/ Type Other (specify) Other (specify)	Mailing Address PO Box 10555			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y & Q \\ 2 & 0 & 1 & 0 \end{bmatrix} $
Candidate Name AARON JON MR. SCHOCK Office Sought: X House Senate President Disbursement For: Primary X General Other (specify)				Amount of Each Disbursement this Period
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SCHEDULE B (FEC Form 3X) Use separate schedule(s) (check only one)	PAGE 17/17
for each category of the Detailed Summary Page for each category of the	3 24 25 26 8b 28c 29 30b
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose or for commercial purposes, other than using the name and address of any political committee to solicit contribution	
NAME OF COMMITTEE (In Full) Spine PAC of the National Association of Spine Specialists	
Full Name (Last, First, Middle Initial) TRIVEDI FOR CONGRESS Mailing Address PO Box 91 Transaction Date of Disb	n ID: SB23.5831 pursement
City State Zip Code Chester Springs PA 19425 Purpose of Disbursement O11	ach Disbursement this Period
Candidate Name MANAN TRIVEDI Category/ Type	
Office Sought: X House Disbursement For: 2010 Senate Primary X General Other (specify) ▼ State: PA District: 06	

SUBTOTAL of Disbursements This Page (optional)	•	3000.00
TOTAL This Period (last page this line number only)	<u> </u>	11000.00